

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

May 10, 2010

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Walgreens requesting class D liquor licenses.

The following are the requested locations: 2502 North 48<sup>th</sup>, 7045 'O' Street, 8300 Northern Lights Drive.

James Karins has requested that he be approved as the manager of the liquor licenses.

Background information on Mr. Karins will be omitted as he is the currently approved manager of all other Walgreens liquor licenses in the City of Lincoln.

The required training was completed on January 14, 2010.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



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**PREMISE INFORMATION**

Trade Name (doing business as) Walgreens #03182 APR 28 2010

Street Address #1 7045 O Street

Street Address #2 \_\_\_\_\_

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

City Lincoln County Lancaster Zip Code 68510

Premise Telephone number 402-484-8222

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission)

Name WALGREEN CO., Attn: Katie Radke

Street Address  
#1 P.O. Box 901, Deerfield, IL 60015

Street Address  
#2 300 Wilmot Road, MS #3301

City Deerfield State IL Zip Code 60015

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

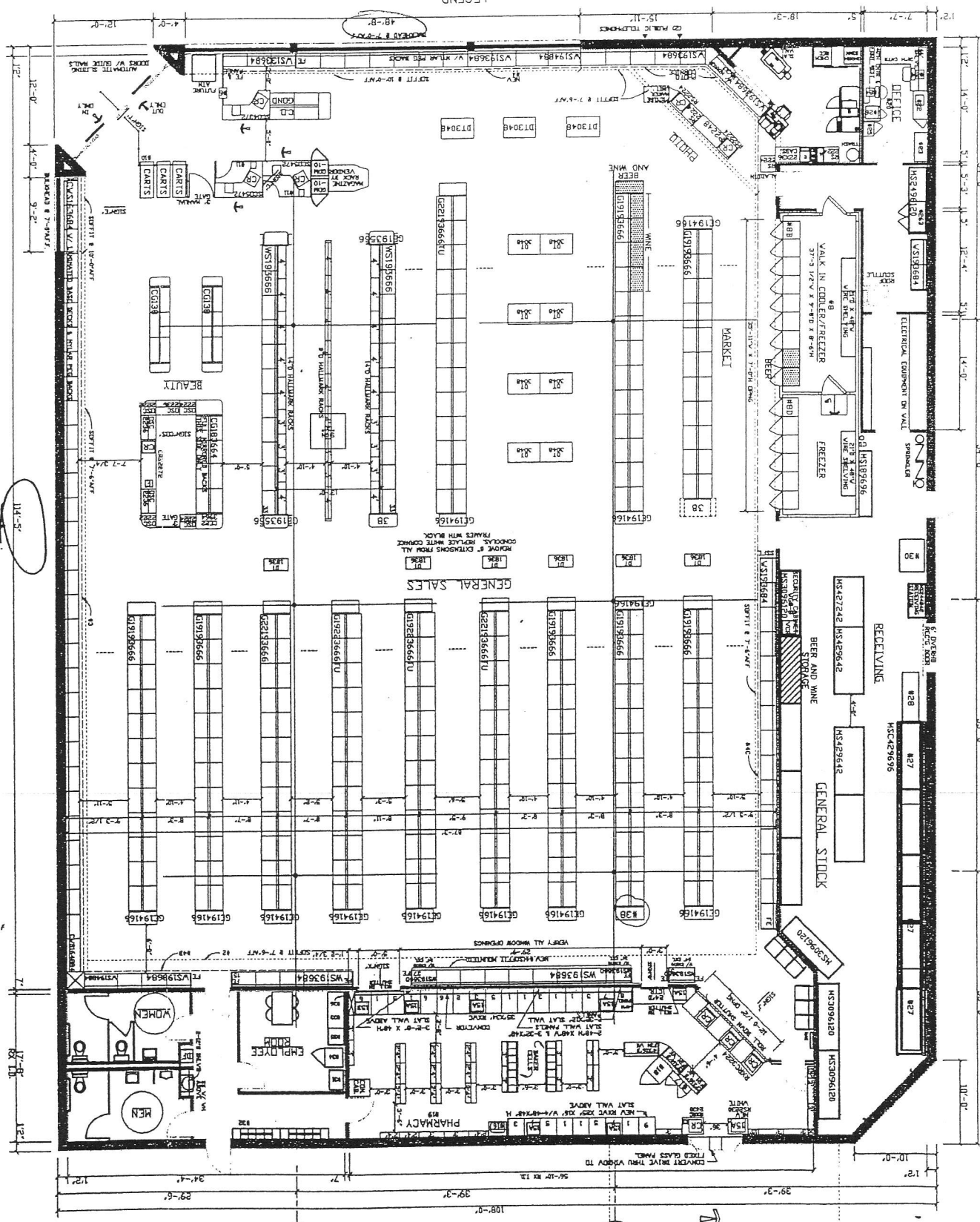
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

See Attached Drawing

49'

LEGEND



111

**APPLICANT INFORMATION**

**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

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If yes, please explain below or attach a separate page.

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number \_\_\_\_\_

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender \_\_\_\_\_

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☒ YES ☐ NO

If yes, explain. All involved persons must be disclosed on application. The store manager's bonus is based on

total year end store profits and the landlord may be entitled to a percentage of sales. Shareholders  
also have financial interest.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner. \_\_\_\_\_

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain. \_\_\_\_\_

**No silent partners**



8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. § 47-17)

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9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

NEBRASKA LIQUOR  
CONTROL COMMISSION

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Bank of America - Rick Hans

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

See attached rider

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date 8/31/2030

☐ Deed

☐ Purchase Agreement

14. When do you intend to open for business? Opened 5/1/1994

15. What will be the main nature of business? Retail Drug Store

16. What are the anticipated hours of operation? 12:00am - 12:00pm

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS: APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE	
		FROM	TO		
See attached					

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CONTROL COMMISSION

LIST OF LIQUOR LICENSES  
FOR JAMES P. KARINS  
CORPORATE MANAGER FOR WALGREEN CO.

STR#	ADDRESS	JURISDICTION	ST	STATUS	LICENSE NUMBER
3269	705 N BURLINGTON AVE	HASTINGS	NE	APPROVED	
2472	18040 R PLAZA	DOUGLAS COUNTY	NE	LICENSE ISSUED	88622
11203	17909 BURKE ST	DOUGLAS COUNTY	NE	LICENSE ISSUED	88623
11204	20201 MANDERSON STREET	DOUGLAS COUNTY	NE	LICENSE ISSUED	88620
9899	1525 E 23RD STREET	FREMONT	NE	LICENSE ISSUED	88632
3467	1515 W 2ND ST	GRAND ISLAND	NE	LICENSE ISSUED	88629
12538	1230 N WEBB RD	GRAND ISLAND	NE	LICENSE ISSUED	88630
3716	2516 SECOND AVE.	KEARNEY	NE	LICENSE ISSUED	88636
515	2600 S 48TH STREET	LINCOLN	NE	LICENSE ISSUED	86183
2845	5701 VILLAGE BLVD	LINCOLN	NE	LICENSE ISSUED	86154
5874	2630 PINE LAKE RD	LINCOLN	NE	LICENSE ISSUED	86157
11089	5500 RED ROCK LANE	LINCOLN	NE	LICENSE ISSUED	86161
541	1301 O STREET	LINCOLN	NE	LICENSE ISSUED	88616
12405	102 EAST PHILIP AVENUE	NORTH PLATTE	NE	LICENSE ISSUED	88626
5360	5062 S. 155TH ST.	OMAHA	NE	LICENSE ISSUED	86165
5966	2605 S 171ST ST	OMAHA	NE	LICENSE ISSUED	86176
6802	15525 SPAULDING PLAZA	OMAHA	NE	LICENSE ISSUED	86175
13137	13510 Q STREET	OMAHA	NE	LICENSE ISSUED	86180
10502	1030 W 21ST ST	SOUTH SIOUX CITY	NE	LICENSE ISSUED	88639
6884	4000 S 70TH STREET	LINCOLN	NE	PENDING FIRE	
10892	533 SOUTH LINCOLN AVE	YORK	NE	PENDING FIRE	



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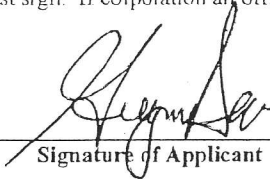
OFFICER ADDRESSES (PREVIOUS 10 YEARS)  
NEBRASKA LIQUOR CONTROL COMMISSION

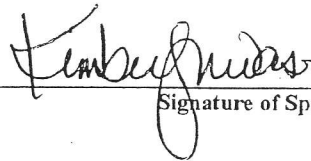
Gregory D. Wasson	1724 Holly Ct., Long Grove, IL 60047	02/1999 – Present
Mark A. Wagner	1127 S. Ridge Rd., Lake Forest, IL 60045 1127 N. Lincoln Avenue, Chicago, IL	05/2001 – Present 1996 - 2003
Margarita E. Kellen	845 Wagner Rd., Glenview, IL 60025	01/1984 – Present
Jason M. Dubinsky	1156 Cherry St., Deerfield, IL 60015 1157 W. Newport Ave, Chicago IL 1322 W. Eddy St, Chciago, IL 77 Park Avenue, Hoboken, NJ	2008 – Present 2003 - 2008 2001 - 2003 2000 - 2001

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

  
\_\_\_\_\_  
Signature of Applicant Gregory D. Wasson  
President & CEO

  
\_\_\_\_\_  
Signature of Spouse Kimberly R. Wasson

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

APR 28 2010

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

NEBRASKA LIQUOR  
CONTROL COMMISSION

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

State of ~~Nebraska~~ Illinois

County of Lake

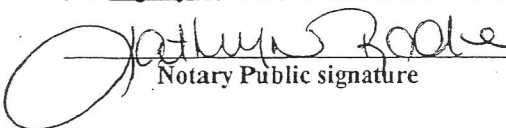
The foregoing instrument was acknowledged before  
me this 11/2/09 by

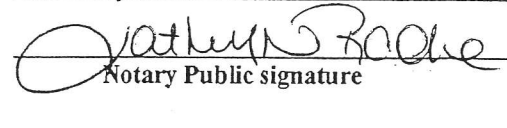
Gregory D. Wasson

County of Lake

The foregoing instrument was acknowledged before  
me this 11/2/09 by

Kimberly R. Wasson

  
\_\_\_\_\_  
Notary Public signature

  
\_\_\_\_\_  
Notary Public signature

Affix Seal Here

OFFICIAL SEAL  
KATHRYN N RADKE  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 11/05/12

Affix Seal Here

OFFICIAL SEAL  
KATHRYN N RADKE  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 11/05/12

in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.  
A ten day advance period is required in writing to produce the alternate format.

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Signature of Applicant

Mark A. Wagner  
Executive Vice President

Signature of Spouse

Mimi Jung Wagner

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Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

NEBRASKA LIQUOR  
CONTROL COMMISSION

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of ~~Nebraska~~ Illinois

County of LAKE

The foregoing instrument was acknowledged before me this 11/02/2009 by

Mark A. Wagner

  
Notary Public signature

County of LAKE

The foregoing instrument was acknowledged before me this 11/02/2009 by

Mimi Jung Wagner

  
Notary Public signature

Affix Seal Here

OFFICIAL SEAL  
FRANCES M COOK  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES:05/04/10

Affix Seal Here

OFFICIAL SEAL  
FRANCES M COOK  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES:05/04/10

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Margarita E. Kellen  
Signature of Applicant  
Margarita E. Kellen  
Assistant Secretary

Kevin Mathis Kellen  
Signature of Spouse  
Kevin Mathis Kellen

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Signature of Applicant

Signature of Spouse APR 28 2010

Signature of Applicant

Signature of Spouse  
NEBRASKA LIQUOR  
CONTROL COMMISSION

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of ~~Nebraska~~ Illinois

County of LAKE

County of LAKE

The foregoing instrument was acknowledged before me this 29th Oct 2009 by

The foregoing instrument was acknowledged before me this 29th Oct 2009 by

Margarita E. Kellen

Kevin Mathis Kellen

June E. Brizzo  
Notary Public signature

June E. Brizzo  
Notary Public signature

Affix Seal Here

OFFICIAL SEAL  
JUNE E BRICCO  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 05/17/12

Affix Seal Here

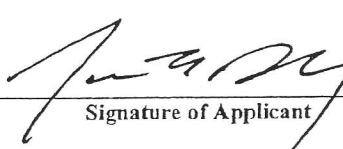
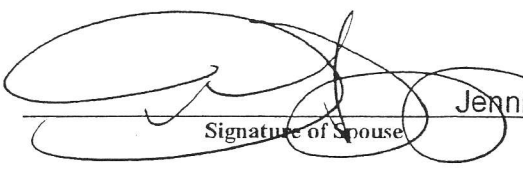
OFFICIAL SEAL  
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NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 05/17/12

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 _____ Signature of Applicant	Jason M. Dubinsky Treasurer	 _____ Signature of Spouse	Jennifer Dubinsky
_____ Signature of Applicant		_____ Signature of Spouse	
_____ Signature of Applicant		_____ Signature of Spouse	
_____ Signature of Applicant		_____ Signature of Spouse	
_____ Signature of Applicant		_____ Signature of Spouse	

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APR 28 2010

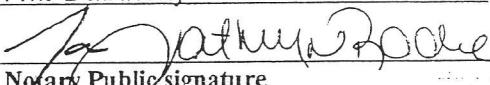
**NEBRASKA LIQUOR  
CONTROL COMMISSION**

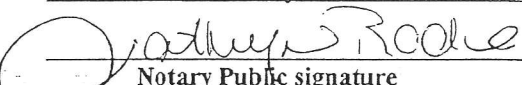
State of ~~Nebraska~~ Illinois  
County of Lake

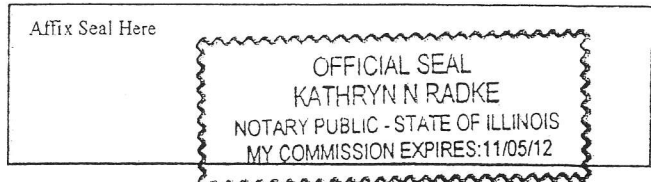
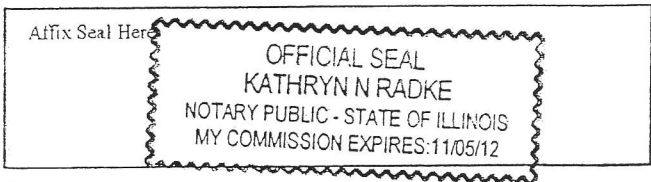
County of Lake

The foregoing instrument was acknowledged before me this 11/11/09 by

The foregoing instrument was acknowledged before me this 11/11/09 by

Jason M. Dubinsky  
  
\_\_\_\_\_  
Notary Public signature

Jennifer Dubinsky  
  
\_\_\_\_\_  
Notary Public signature





**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

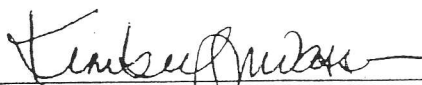
Office Use

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APR 28 2010

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my finger print will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.



Signature of spouse asking for waiver  
(Spouse of individual listed below)

Kimberly R. Wasson

Printed name of spouse asking for waiver

State of Illinois

County of Lake

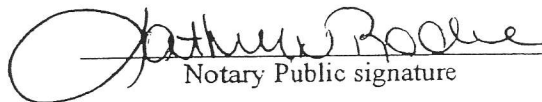
11/2/09

date

The foregoing instrument was acknowledged before me this

by Kimberly R. Wasson

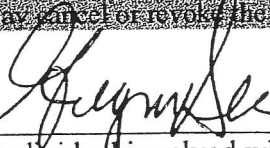
name of person acknowledged

  
Notary Public signature

Affix Seal

OFFICIAL SEAL  
KATHRYN N RADKE  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 11/05/12

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.



Signature of individual involved with application  
(Spouse of individual listed above)

Gregory D. Wasson

Printed name of applying individual

State of Illinois

County of Lake

11/2/09

date

The foregoing instrument was acknowledged before me this

by Gregory D. Wasson

name of person acknowledged

  
Notary Public signature

Affix Seal

OFFICIAL SEAL  
KATHRYN N RADKE  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 11/05/12

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

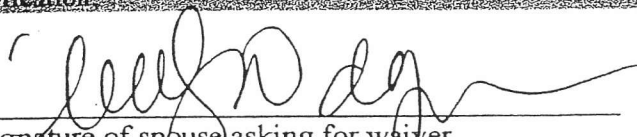
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CONTROL COMMISSION**

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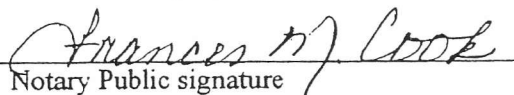
  
\_\_\_\_\_  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Mimi Jung Wagner  
\_\_\_\_\_  
Printed name of spouse asking for waiver

State of Illinois

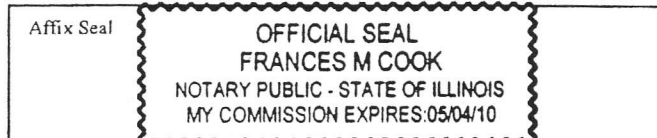
County of LAKE

11/02/2009  
\_\_\_\_\_  
date


  
\_\_\_\_\_  
Notary Public signature

The foregoing instrument was acknowledged before me this

by Mimi Jung Wagner  
\_\_\_\_\_  
name of person acknowledged



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

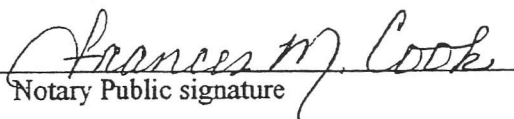
  
\_\_\_\_\_  
Signature of individual involved with application  
(Spouse of individual listed above)

Mark A. Wagner  
\_\_\_\_\_  
Printed name of applying individual

State of Illinois

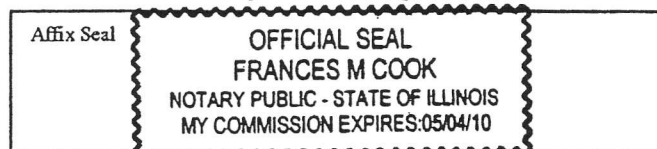
County of LAKE

11/02/2009  
\_\_\_\_\_  
date

  
\_\_\_\_\_  
Notary Public signature

The foregoing instrument was acknowledged before me this

by Mark A. Wagner  
\_\_\_\_\_  
name of person acknowledged



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

**RECEIVED**

APR 28 2010

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest directly or indirectly in the operation or profit of the business (§ 5-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

*Kevin M. Kellen*

Signature of spouse asking for waiver  
(Spouse of individual listed below)

Kevin Mathis Kellen

Printed name of spouse asking for waiver

State of Illinois

County of LAKE

10/29/2009  
date

The foregoing instrument was acknowledged before me this

by Kevin Mathis Kellen

name of person acknowledged

*June E. Bracco*  
Notary Public signature

Affix Seal

OFFICIAL SEAL  
JUNE E BRICCO  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES:05/17/12

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§ 5-125(13)) the Commission may cancel or revoke the liquor license.

*Margarita E. Kellen*

Signature of individual involved with application  
(Spouse of individual listed above)

Margarita E. Kellen

Printed name of applying individual

State of Illinois

County of LAKE

10/29/2009  
date

The foregoing instrument was acknowledged before me this

by Margarita E. Kellen

name of person acknowledged

*June E. Bracco*  
Notary Public signature

Affix Seal

OFFICIAL SEAL  
JUNE E BRICCO  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES:05/17/12

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

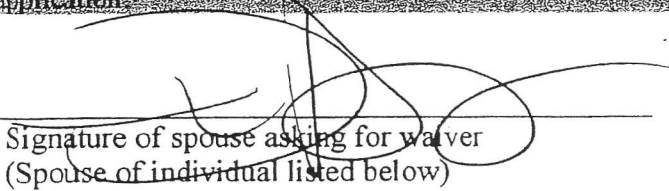
Office Use

**RECEIVED**

APR 28 2010

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (823-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Jennifer Dubinsky

Printed name of spouse asking for waiver

State of Illinois

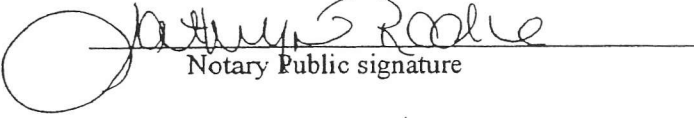
County of Lake

11/11/09  
date

The foregoing instrument was acknowledged before me this

by Jennifer Dubinsky

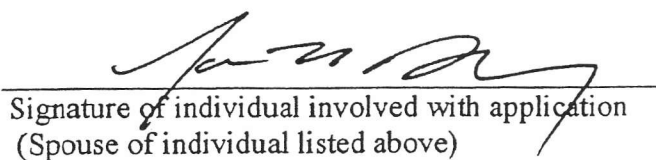
name of person acknowledged

  
Notary Public signature

Affix Seal

OFFICIAL SEAL  
KATHRYN N RADKE  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 11/05/12

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. It is determined that the above individual has violated 823-125(13) the Commission may cancel or revoke the liquor license.

  
Signature of individual involved with application  
(Spouse of individual listed above)

Jason M. Dubinsky

Printed name of applying individual

State of Illinois

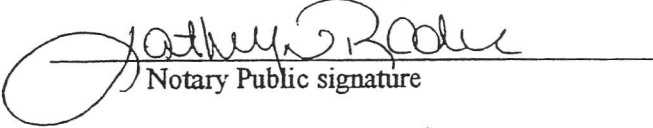
County of Lake

11/11/09  
date

The foregoing instrument was acknowledged before me this

by Jason M. Dubinsky

name of person acknowledged

  
Notary Public signature

Affix Seal

OFFICIAL SEAL  
KATHRYN N RADKE  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 11/05/12

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.



APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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NEBRASKA LIQUOR

CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: The Prentice-Hall Corporation System, Inc.

Name of Corporation that will hold license as listed on the Articles

Walgreen Co.

Corporation Address: P.O. Box 901

City: Deerfield State: IL Zip Code: 60015

Corporation Phone Number: 847-527-4617 Fax Number 847-368-6690

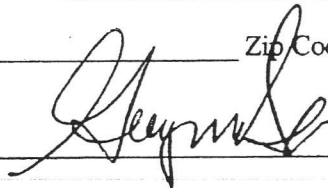
Total Number of Corporation Shares Issued: 1,025,400,000

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Wasson First Name: Gregory MI: D.

Home Address: 1724 RFD Holly Court City: Long Grove

State: IL Zip Code: 60047 Home Phone Number: 847-914-2500

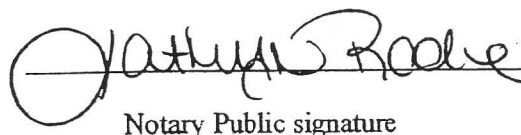


Signature of president

State of ~~Nebraska~~ Illinois  
County of Lake

The foregoing instrument was acknowledged before me this

11/2/09 by Gregory D. Wasson  
date name of person acknowledged

  
Notary Public signature

Affix Seal Here

OFFICIAL SEAL  
KATHRYN N RADKE  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 11/05/12

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Wasson First Name: Gregory MI: D  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Title: President & CEO Number of Shares \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): Kimberly R. Wasson  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

RECEIVED  
APR 28 2010  
NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: Wagner First Name: Mark MI: A  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Title: Executive Vice President Number of Shares \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): Mimi Jung Wagner  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: Dubinsky First Name: Jason MI: M  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Title: Treasurer Number of Shares \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): Jennifer Dubinsky  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: Kellen First Name: Margarita MI: E  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Title: Assistant Secretary Number of Shares \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): Kevin Mathis Kellen  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

See Attached Corporate Rider - Walgreen Co. is a publicly held company. To our knowledge no one person or corporation owns as much as 5% of company stock.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

RECEIVED  
APR 28 2010  
NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_



Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

\_\_\_\_\_

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: September 1, 2009 Ending Date: August 31, 2010

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

\_\_\_\_\_

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

REVISED 5/2007

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APR 28 2010

NEBRASKA LIQUOR  
CONTROL COMMISSION

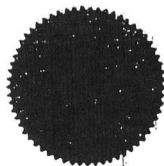
BALTIMORE CITY HEALTH DEPARTMENT  
NOTIFICATION OF BIRTH REGISTRATION

*This certifies that there is on file in  
the Bureau of Vital Records of the  
Baltimore City Health Department  
a record of the birth of*

NAME OF CHILD **James Patrick Karins**

DATE OF BIRTH

SEX **Male** File No. **65-**



*Robert E. Farber, M.D.*

COMMISSIONER OF HEALTH  
AND  
REGISTRAR OF VITAL RECORDS

PLEASE SEE OTHER SIDE FOR RECORD OF INOCULATIONS

# **SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

# **RECEIVED**

APR 28 2010

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

*Melanie L. Karins*

Signature of spouse asking for waiver  
(Spouse of individual listed below)

*Melanie L. Karins*

Printed name of spouse asking for waiver

State of *Nebraska*

County of *Lancaster*

*Nov 10th 2009*

date

*Christopher J. Mackey*

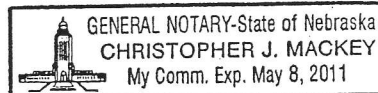
Notary Public signature

The foregoing instrument was acknowledged before me this

by *Melanie L. Karins*

name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

*James P. Karins*

Signature of individual involved with application  
(Spouse of individual listed above)

*James P. Karins*

Printed name of applying individual

State of *Nebraska*

County of *Lancaster*

*Nov 10th 2009*

date

*Christopher J. Mackey*

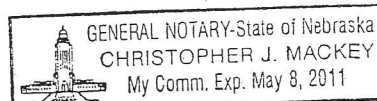
Notary Public signature

The foregoing instrument was acknowledged before me this

by *James P. Karins*

name of person acknowledged

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

APR 28 2010

NEBRASKA LIQUOR  
CONTROL COMMISSION

James P. Karins  
Signature of Manager Applicant

Melanie L. Karins  
Signature of Spouse

State of Nebraska

County of Lancaster

County of Lancaster

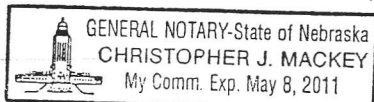
The foregoing instrument was acknowledged before me this Nov 10th 2009 by  
James P. Karins

Christopher J. Mackey  
Notary Public signature

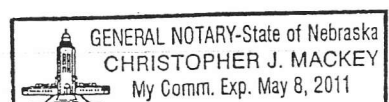
The foregoing instrument was acknowledged before me this Nov 10th 2009 by  
Melanie L. Karins

Christopher J. Mackey  
Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.  
A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

Manager and spouse must review and answer the questions below.  
PLEASE PRINT CLEARLY

RECEIVED

1. **READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.** 2.8 2010

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.** NEBRASKA LIQUOR CONTROL COMMISSION

☐ YES ☒ NO If yes, please explain below or attach a separate page.


2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☒ YES ☐ NO See attached list

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for **\$38.00 per person**)

☐ YES ☒ NO Already on file

5. Do you have any experience in selling alcohol in the State of Nebraska?  
If so list training and/or experience (when and where)

Date:	Where:
1/14/2010	Responsible Hospitality Council



Manager's information must be completed below PLEASE PRINT CLEARLY

RECEIVED

Gender: ☒ MALE ☐ FEMALE

APR 28 2010

Last Name: Karins First Name: James NEBRASKA LIQUOR P

CONTROL COMMISSION

Home Address (include PO Box if applicable): 4601 Browning Ct.

City: Lincoln State: NE Zip Code: 68516

Home Phone Number: 402-421-6468 Business Phone Number: 402-464-4800

Social Security Number:                      Drivers License Number & State:                     

Date Of Birth: 1 Place Of Birth: Baltimore, Maryland

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: Karins First Name: Melanie MI: L

Social Security Number: 1 Drivers License Number & State:                     

Date Of Birth:                      Place Of Birth: West Palm Beach, FLA

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	TO	CITY & STATE	YEAR FROM	TO
Lincoln, NE	2000	2009	Lincoln, NE	2000	2009
Bullwin, MO	1999	2000	Bullwin, MO	1999	2000

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1989	2009	Wulgreins	Jeff Brunteau	612-722-8558

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

**RECEIVED**

APR 28 2010

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Corporate manager, including spouse, are required to adhere to the following requirements  
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

**Corporation/Limited Liability Corporation (LLC) information**

Name of Corporation/LLC:

WALGREEN CO.

**Premise information**

Premise License Number:

(if new application leave blank)

Premise Trade Name/DBA:

Walgreens #03182

Premise Street Address:

7045 O Street

City:

Lincoln

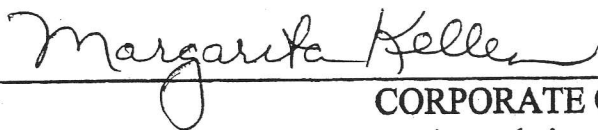
Zip Code:

68510

Premise Phone Number:

402-484-8222

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.



**CORPORATE OFFICER SIGNATURE**  
(Faxed signatures are acceptable)




NEBRASKA  
OPERATORS LICENSE

License No. 1 DOB 0

Endrs Rest

M Ht 510 Wt 175 Issued 04-13-2007  
BRO Hair BLK Expires 04-15-2012

JAMES P. KARINS  
1601 BROWNING CT  
LINCOLN NE 68516



RECEIVED

APR 28 2010

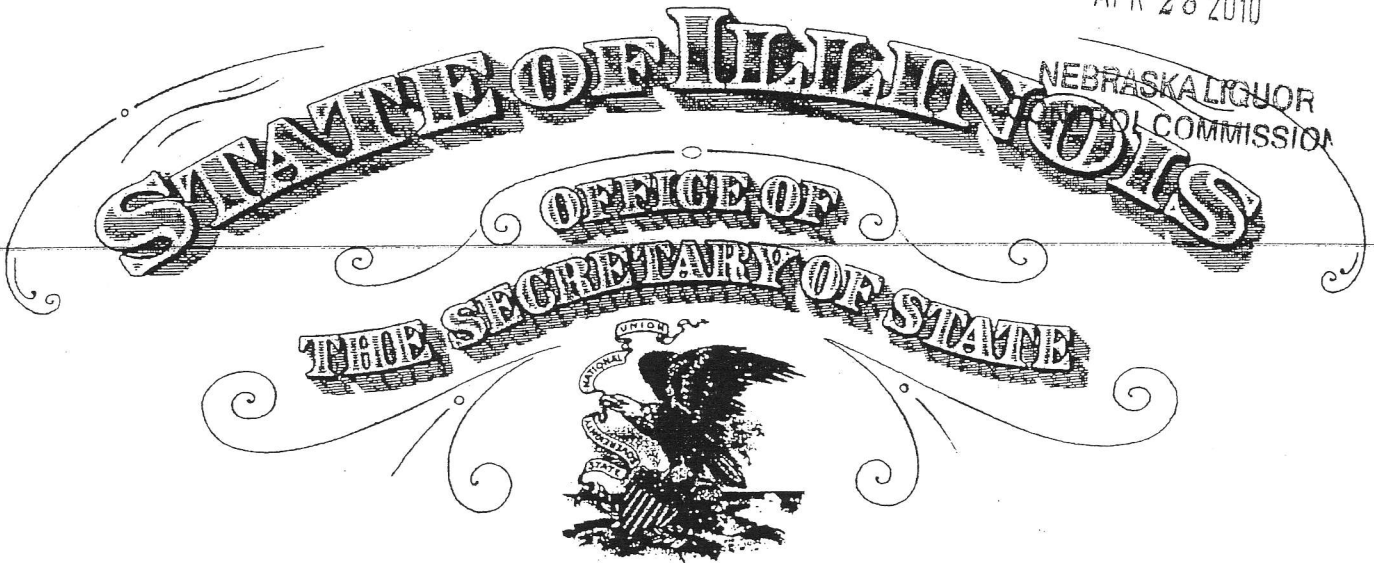
NEBRASKA LIQUOR  
CONTROL COMMISSION

File Number

1084-348-1

RECEIVED

APR 28 2010



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WALGREEN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 1909, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



**In Testimony Whereof,** I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 13TH  
day of JANUARY A.D. 2009

*Jesse White*